

### CRITERIA FOR PRIOR AUTHORIZATION

Supprelin® LA (histrelin)

**PROVIDER GROUP:** Professional

**MANUAL GUIDELINES:** The following drug(s) requires prior authorization:  
Histrelin (Supprelin LA)

**CRITERIA for central precocious puberty:** (must meet all of the following)

- Patient must be below age 11 for females and age 12 for males.
- Patient must have onset of secondary sexual characteristics before 8 years of age in females and 9 years of age in males.
- Diagnosis of central precocious puberty must be confirmed with the following:
  - Hormone Evaluation: After GnRH or leuprolide administration, a LH (luteinizing hormone) level of > 5 U/L, OR
  - Basal (no stimulation test) serum LH > 5 U/L, OR
  - Basal (no stimulation test) LH > 0.3 U/L using ultra-sensitive assays (chemiluminescence immunoassay)
- Bone age advanced one year beyond the chronological age.

**Note:** The recommended dose of Supprelin LA is one implant every 12 months. The implant should be removed after 12 months of therapy; at the time an implant is removed, another implant may be inserted to continue therapy.

**Prior Authorization will be approved for 1 (one) implant.**